

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 02-RC-280661	Date Filed 7-30-21

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
2a. Name of Employer The Guggenheim Museum		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1071 Fifth Avenue, New York, NY 10128	
3a. Employer Representative - Name and Title Richard Armstrong, Director		3b. Address (If same as 2b - state same) Same	
3c. Tel. No. (212) 360-4379	3d. Cell No.	3e. Fax No.	3f. E-Mail Address rarmstrong@guggenheim.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Museum		4b. Principal product or service Arts and Cultural	
5a. City and State where unit is located: New York, NY		6a. No. of Employees in Unit: 160	
5b. Description of Unit Involved Included: All full-time and regular part time professional and non-professional employees of the Employer. Excluded: All employees already represented by another labor organization and all managers and supervisors as defined by the Act.		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>N/A</u> and Employer declined recognition on or about (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None			
10a. Name		10b. Address	
		10c. Tel. No.	
		10d. Cell No.	
		10e. Fax No.	
		10f. E-Mail Address	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): August 6, 2021		11c. Election Time(s):	
11d. Election Location(s):			
12a. Full Name of Petitioner (including local name and number) Technical, Office and Professional Union, Local 2110 UAW, AFL-CIO		12b. Address (street and number, city, state, and ZIP code) 223 West 38th Street, Unit 1419, New York, NY 10018	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International UAW			
12d. Tel No. (212) 387-0220	12e. Cell No.	12f. Fax No.	12g. E-Mail Address
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title Allyson Belovin, Attorney		13b. Address (street and number, city, state, and ZIP code) Levy Ratner, P.C., 80 8th Avenue, 8th Floor, New York, NY 10011	
13c. Tel No. (212) 627-8100	13d. Cell No.	13e. Fax No. (212) 627-8182	13f. E-Mail Address abelovin@levyratner.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) Allyson Belovin	Signature <i>Allyson Belovin</i>	Title Attorney	Date July 30, 2021

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.